



TIME SHEET

PAY ROLL ONLY

Weekly _____ BI-Weekly _____

Weekend _____ PRN _____ OT _____ Holiday _____

7340 Parklane Rd. Suite 203 C
 Columbia, SC 29223
 Office 803-764-1163 Fax 803-764-1164

Employee Name: _____

Client Name	Date	Clock in time	Clock out time	Worked Hours (Total)	Client Name	Date	Clock in time	Clock out time	Worked Hours (Total)	Total Hrs.
Weekly Totals										
Over time Total (office use Only)										

Employee Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____